



MISSOURI DIVISION OF FIRE SAFETY
BOILER & PRESSURE VESSEL UNIT
P.O. BOX 844
JEFFERSON CITY, MO 65102
573-751-2930 FAX: 573-751-1744

APPLICATION FOR VARIANCE

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

DATE	STATE ID / VARIANCE #	BOARD APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO
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OWNER NAME		OWNER ADDRESS		OWNER CITY, STATE, ZIP	
BILLING NAME (IF DIFFERENT FROM OWNER)		BILLING ADDRESS		BILLING CITY, STATE, ZIP	
LOCATION NAME		LOCATION ADDRESS		LOCATION CITY, STATE, ZIP	
LOCATION COUNTY		LOCATION PHONE		NUMBER OF UNITS AT LOCATION	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
<input type="checkbox"/>	NEW INSTALLATION	<input type="checkbox"/>	WT BOILER (STM)	<input type="checkbox"/>	OFFICE/GOVT BUILDING
<input type="checkbox"/>	ALTERATION	<input type="checkbox"/>	FT BOILER (STM)	<input type="checkbox"/>	HOSPITAL/INSTITUTIONAL
<input type="checkbox"/>	MAJOR ALTERATION	<input type="checkbox"/>	FTFB BOILER (STM)	<input type="checkbox"/>	CHURCH/RELIGIOUS
<input type="checkbox"/>	INITIAL INSPECTION	<input type="checkbox"/>	CAST IRON BOILER (STM)	<input type="checkbox"/>	COMMERCIAL/INDUSTRIAL
<input type="checkbox"/>	ANNUAL INSPECTION	<input type="checkbox"/>	WT BOILER (HWH)	<input type="checkbox"/>	RETAIL
<input type="checkbox"/>	REINSPECTION	<input type="checkbox"/>	FT BOILER (HWH)	<input type="checkbox"/>	SCHOOL/LIBRARY/EDUCATIONAL
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	FTFB BOILER (HWH)	<input type="checkbox"/>	PARKING GARAGE
<input type="checkbox"/>		<input type="checkbox"/>	CI BOILER (HWH)	<input type="checkbox"/>	MULTI/FAMILY RESIDENCE
<input type="checkbox"/>		<input type="checkbox"/>	FSWH (HOT WTR HTR)	<input type="checkbox"/>	MOTEL/HOTEL
<input type="checkbox"/>		<input type="checkbox"/>	RECEIVER (AIR OR OTHER)	<input type="checkbox"/>	BANK
<input type="checkbox"/>		<input type="checkbox"/>	OTHER	<input type="checkbox"/>	NURSING/RETIREMENT HOME
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	OTHER
MANUFACTURER		DATE INSTALLED	SERIAL NUMBER	CAPACITY	SV CAPACITY
FUEL TYPE	FIRING METHOD	SPECIFIC LOCATION	LAST INSPECTION DATE	VOLUME/HTG SURFACE	
DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)					COMPLIANCE DATE
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED					
SIGNATURE OF CONTACT PERSON AT LOCATION			INSPECTOR SIGNATURE		
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION			INSPECTOR STATE ID		

DISTRIBUTION: WHITE - STATE OF MO CANARY - INSPECTOR PINK - OWNER GOLDENROD - MUNICIPALITY